

# **DELAWARE HEALTH CARE COMMISSION**

## **REQUEST FOR PROPOSALS**

### **ORAL HEALTH INFRASTRUCTURE ENHANCEMENT FEASIBILITY ANALYSIS**

Released: December 11, 2008

This package contains a Request for Proposals: Oral Health Infrastructure Enhancement Feasibility Analysis. The Delaware Health Care Commission seeks a professional consultant to conduct a feasibility study that encompasses an environmental analysis, detailed cost estimates, and recommendations on initiatives intended to strengthen the oral health infrastructure in southern Delaware. This Request for Proposals contains the following sections:

- I. Introduction
- II. Background Information
- III. Requirements/Special Provisions
- IV. Project Guidelines
- V. Specific Proposal Requirements
- VI. Basis of Contract Award

#### **Attachment**

- Non-collusion Statement

**Serious bidders may receive the following attachments by contacting the Delaware Health Care Commission Office:**

Questions are due in writing to the Delaware Health Care Commission (DHCC) no later than 12:00 noon on Wednesday, December 17, 2008. Questions may be submitted electronically to this email address: [Leah.Jones@state.de.us](mailto:Leah.Jones@state.de.us). Responses to the questions will be posted on the DHCC website: <http://dhcc.delaware.gov/> by Monday, December 22, 2008.

**Proposals are due in the DHCC office no later than 12:00 noon on Wednesday, January 21, 2009.** Submit one copy on disc (CD), one signed original copy and six hard copies. The proposals must be in a sealed envelope with the bidder name and words "Proposal: Oral Health Infrastructure Enhancement Feasibility Analysis." Submit all questions and responses to:

Delaware Health Care Commission  
Margaret O'Neill Building, 3rd Floor  
410 Federal Street - Suite 7  
Dover, DE 19901

Please review and follow the information and instructions contained in the general and special provisions section of the Request for Proposals (RFP). Should you require additional information, please contact Leah Jones at the Delaware Health Care Commission Office at (302) 739-2730 or [Leah.Jones@state.de.us](mailto:Leah.Jones@state.de.us).



## **I. INTRODUCTION**

The Delaware Health Care Commission and the Division of Public Health's Bureau of Oral Health and Dental Services, both recognize the opportunities and challenges to improve access to dental care services. This prompted the two agencies to form a collaborative partnership to carry out strategic planning activities through an Oral Health Workforce Planning grant awarded to Delaware and funded by the Health Resources and Services Administration (HRSA), Bureau of Health Professionals, an agency of the U.S. Department of Health and Human Services.

The Delaware Health Care Commission (DHCC) is an independent public body that reports directly to the Governor and the General Assembly. Commission membership is comprised of four (4) government officials (the Secretary of Finance, the Secretary of Health and Social Services, the Secretary of Services for Children, Youth, and their Families, and the Insurance Commissioner), and six (6) private citizens appointed by either the Governor, the Speaker of the House, or the President Pro Tempore of the Senate. This membership is bipartisan and has representation from all geographic areas of the state. The composition of membership represents a balance between the executive and legislative branches of government and the public and private sectors. The Health Care Commission works to promote accessible, affordable, quality health care for all Delawareans. In order to achieve its mission and goals, the Commission oversees several comprehensive initiatives. One of the Commission's initiatives is Health Professional Workforce Development, strategies to assure that there is an appropriate supply and distribution of health professionals in Delaware.

The goal of this Oral Health Infrastructure Planning project is to determine the feasibility of several strategies for improving access to dental care in underserved areas of Delaware, particularly in dental health professional shortage areas in the southern-most region of the state. The project focuses on three high-impact strategies to enhance the oral health infrastructure. In 2006, the Delaware Division of Public Health facilitated a comprehensive planning process with stakeholders from the dental community. From October to December 2006, representatives from eighteen organizations and state agencies convened to provide guidance to the Division of Public Health's Bureau of Oral Health and Dental Services on developing an action plan for improving oral health in Delaware. The result of the strategic planning efforts in 2006 was a strategic oral health action plan for the state. Several of the initiatives called for in the plan have been implemented. Now, in order to accomplish some of the plan's most high-impact strategies, additional planning, analysis and information gathering is required.

The Delaware Health Care Commission seeks a professional consultant to conduct a feasibility study that encompasses an environmental analysis, detailed cost estimates, and recommendations based on a review of best practices and successful approaches in other states in consideration of the following initiatives:

- Establishment of a multi-purpose dental clinic and training facility in Sussex County to improve access to care and expand training opportunities for dental professionals.
- Enhancement of dental educational opportunities for dental hygienists and dental residents in southern Delaware to strengthen the dental workforce.



- Creation of a case management program to develop a dental home for children eligible for dental services through Medicaid and the State Children's Health Insurance Program (S-CHIP) to improve the oral health status of underserved families in Delaware.

To conduct the planning activities of Oral Health Workforce grant, the Delaware Health Care Commission and Division of Public Health have convened a steering committee to provide direction and oversight. The participants represent a balance of perspectives, expertise, and input directly from community-based organizations that have examined dental care access issues in Delaware over several years. The steering committee includes leadership from the following organizations:

Christiana Care Health System, Dental Residency Program  
Hospitals located in the targeted underserved area (Nanticoke Health Services, Beebe Medical Center, Bayhealth Medical Center)  
Delaware Dental Hygienists' Association  
Delaware Division of Public Health, Bureau of Oral Health and Dental Services  
Delaware Division of Medicaid and Medical Assistance  
Delaware General Assembly (Senate and House of Representatives)  
Delaware Healthcare Association  
Delaware Oral Health Coalition  
Delaware State Dental Society  
Delaware Technical and Community College, Dental Hygiene Program  
La Red Health Center (a Federally Qualified Health Center in the target area)  
Community Advocate(s)

## **II. BACKGROUND INFORMATION**

Delaware is a small, but rapidly growing state of 865,000 people, comprised of three counties, New Castle County, Kent County, and Sussex County. As the state's population grows, there is evidence that the population is shifting to new locations in the state, particularly in much of Kent and Sussex, and the infrastructure (housing, education, and demand for public services) is not keeping pace. Over the next several years, certain demographic shifts and trends will require that Delaware adjust accordingly to meet the demands of services and resources. Specifically, these demographic changes will have profound implications on access to a range of health care services, including affordable dental health services.

Although oral health care has been acknowledged as a critical component to overall health and well-being, research shows that many Delawareans forego going to the dentist due to a variety of factors. This is particularly demonstrated among segments of the population with modest or low incomes, and individuals who cannot afford coverage, or cannot find a dentist who accepts their coverage. Delaware has long examined factors that attribute to poor access to dental services, which include:

- A shortage and misdistribution of dentists in Delaware, particularly in Sussex County, Southbridge-Wilmington and in Kent County;
- The low number of dentists who traditionally have treated a significant number of Medicaid patients on a routine basis;



- Lack of awareness about the importance of oral health;
- Financial barriers, including the lack of dental insurance;
- Understaffed public health dental clinics;
- Transportation difficulties, and keeping scheduled appointments.

New Castle County, the northern-most county, is mostly urban and accounts for 61 percent of the state's population. The largest city in Delaware, Wilmington, experiences the same urban issues as most US cities, including poverty, communicable disease, homelessness, drug use and disparities in access to health care among racial and ethnic minorities. While New Castle County is resource rich in terms of medical and dental services, there is often limited access to these services for those with moderate to low incomes and the uninsured. New Castle County is home to the state's dental residency program, although residents do rotate to Kent County for periodic training.

Kent County is home to the state's capital, Dover. It is the smallest of the three Delaware counties with 17 percent of the population. The transient nature of the workforce due to the Legislature and government offices makes the county unique. Most of Delaware's growth is occurring in its southern rural county, Sussex County. The population of this county is increasing by nearly 10 percent annually. Eastern Sussex County is a beach vacation destination; and according to the Delaware Economic Development Office, from 1999 - 2003, over 12.1 million people visited the Sussex County seashore and 50 percent of those visits occurred during the summer months, creating an influx of visitors and increased strain on healthcare resources.

Most of the state's growth is occurring in the southernmost rural county, Sussex, which is a health professional shortage area for both dental and primary care. There are some cultural and socio-economic differences between the western and southern part of Sussex County as opposed to the eastern (beach) communities of the County. Delaware's beach resort economy is based significantly on the retail and service industries, which are comprised of part-time, lower paying jobs. Agriculture in Sussex County, particularly in the poultry industry, has resulted in an increase in low-paid immigrant workers to the region. Sussex County's economy, limited access to public transportation, and the geographic maldistribution of healthcare services, have compounded access to care issues. While the population is growing by more than 17,000 people annually, the dental workforce in Sussex County, particularly in the rural, western half of the county, has seen little change over the past several years.

Issues affecting Sussex County can be summarized as follows: low wages; abundance of temporary and seasonal jobs; poor industry mix; transportation issues; rapid growth in the vacation housing and retirement market; loss of young people whose families are native to Delaware; and geographic distance to major metropolitan areas for advanced medical services, commercial, or cultural interests. Sussex County population growth is due in part to Latinos lured by the poultry industry and burgeoning building construction industry, and among retirees who are attracted to the coastal communities and favorable tax structure in the State. Based on Census Data and 2005 population statistics, the population of Sussex County is comprised of 27 percent racial and ethnic minorities and 28 percent of the population lives below 200 percent of the Federal Poverty Level. When looking at just the Western and Southern-most rural portions of



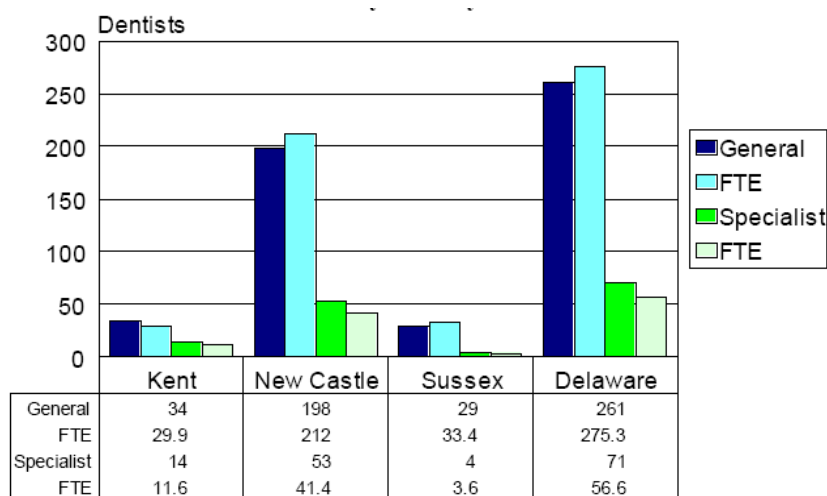
the County, the population composition increases in both the rates of poverty and minorities living in these areas.

Community concern during the 1990s in rapidly growing Sussex County led to a heightened awareness about the lack of access to dental care. The Delaware Health Care Commission formed the Dental Care Access Committee to investigate the issue and produced a report in March 2000, which provided recommendations for improving access to oral health care services in Delaware. The report made several recommendations and led to legislation for improving access to dental care. However, limited resources (Delaware does not have a dental school) and licensure requirements have hampered implementation of some of the recommendations. For example, Delaware requires a general practice residency or three years of experience to obtain initial licensure. This provides more assurance of experienced dentists, but limits the number of potential applicants who are recent graduates of dental schools. Also, dental hygienists must practice under the general supervision of a dentist, which includes public health settings. Earlier attempts to change this supervision requirement were unsuccessful. The requirement for supervision, combined with the shortage of dentists, has been a major obstacle to using hygienists as extenders to improve access to care. Therefore, the ratio of dentists to population in Sussex County remains a challenge at 5,300 persons to every dentist in Sussex County.

### Dental Workforce

A 2005 capacity study designed to assess the supply and spatial distribution of dentists in the state, *Dentists in Delaware 2005*, reported that there are approximately 332 dentists actively practicing in Delaware. This represented a significant improvement from the *Dentists in Delaware 1998* report that enumerated 302 dentists who were actively practicing. However, this increase in dentists has not kept pace with the increasing population in the state, particularly in Kent and rural Sussex Counties. According to the report, the number of dentists in Sussex and Kent Counties is such that the area is considered dentally underserved according to federal guidelines (1 FTE dentist to 5,000 persons), while there are a sufficient number of dentists in New Castle County.

Dentists in Delaware in 2005 by County



Source: Center for Applied Demography & Survey Research,  
University of Delaware



The statewide ratio has dropped from 1 full-time equivalent (FTE) dentist per 2,600 persons (1:2,600) to 1 FTE dentist per 3,100 persons (1:3,100). New Castle County's ratio has dropped to 1:1,900 from 1:2,500 and Kent County's ratio has worsened from 1:3,400 to 1:4,800. The Sussex County ratio has improved slightly from 1:5,400 to 1:5,300, but still represents a serious shortage. The increase in Sussex County reflects the increased efforts to recruit dentists to Delaware and the effect of the State Loan Repayment Program for Physicians and Dentists. Also, the shortage of dentists in Sussex County will probably remain a problem as it is reasonable to expect that the older population of retirees settling there will need more specialized dental care. Kent County has also been growing rapidly in the last three years and that growth is likely to produce many of the same shortages observed in Sussex County. Currently, both Kent and Sussex Counties are designated dental Health Professional Shortage Areas (HPSAs).

The lack of access related to the general shortage and maldistribution of dentists is aggravated by a relatively low participation of dentists in Medicaid. According to the 2005 Dentists in Delaware report, in 1998, less than 4 percent of general dentists statewide indicated they accepted Medicaid. Enrollment was spurred by significant reforms that included a reimbursement schedule of 85 percent of usual and customary fees. Since October 1998, more than 200 dentists have agreed to serve Medicaid patients. The 2005 survey revealed that now more than one-third of dentists accept Medicaid payments across the state and the proportions are substantially higher in Sussex County.

The combination of private dentists, community clinics, and the Delaware Division of Public Health dental clinics has resulted in 25 percent of 95,714 Medicaid-eligible children receiving care in Fiscal Year 2005. Additionally, in June 2006, the Delaware Assembly passed legislation that authorizes the Delaware Medicaid program to provide dental benefits for the S-CHIP beneficiaries. This will increase the number of children who are eligible for dental benefits by approximately 5,000. The implementation of a case management program would greatly foster the establishment of dental homes in private practices for Medicaid and S-CHIP enrollees and increase the amounts of preventive care they received.

In terms of workforce development, Delaware does not have a dental school, but it does have an affiliation with Temple University Kornberg School of Dentistry, in which up to 6 admission slots are reserved for Delawareans each academic year. The Temple program was launched in state fiscal year 2007 (July 1, 2006 – June 30, 2007) when six slots were opened for incoming freshman. The program will grow by six slots over a four year period, culminating with 24 slots in state fiscal year 2010. This partnership helps promote opportunities for dental students to complete externship and residency training programs at facilities in Delaware.

Delaware has an excellent General Practice Residency Program at the Christiana Care Health System (CCHS) in Wilmington, located in northern Delaware. Until 2005, the program had six residents, and then increased to ten. The residency program at CCHS is fully accredited and provides eight months in general dentistry and four months devoted to rotations in oral and maxillofacial surgery, inpatient and outpatient consultations, medicine, anesthesia and emergency medicine. Throughout the year, residents deliver emergency and comprehensive care to patients in Christiana Care's hospitals and affiliated institutions in Delaware's two



northernmost counties, such as FQHC's (Kent Community Health Center, Westside Health Center, and Henrietta Johnson Medical Center) and Delaware Technical and Community College. All residents receive training in treating patients with special physical and mental health needs. There is interest in expanding the residency program to southern, rural Delaware, but currently there is no clinic or facility, hospital-based or otherwise, of sufficient size to host a dental resident.

The State of Delaware appropriates \$698,000 annually to support dental workforce development, which is overseen by the Delaware Institute for Dental Education and Research (DIDER), whose board members serve as an advisory board to the Delaware Health Care Commission. The funds support the residency training program, the Temple affiliation and a state loan repayment program for dentists and dental hygienists.

The State Loan Repayment program for health professionals is a proven method of attracting needed clinicians to practice in underserved areas of the state. Currently, \$100,000 is available annually for dentists and hygienists in the DIDER budget to authorize awards for repayment of outstanding educational loans to health professionals who agree to work in an underserved area. Since the program's inception in 2001, a total of 9 dentists have been placed in underserved areas of the state.

The Delaware Technical and Community College maintains a dental hygiene program at two campuses, one in Wilmington, and the other in Dover. Unfortunately, the program's student capacity was reduced during the last year, from 24 to 15 students, due to the loss of a clinical training facility, previously leased at a clinic on the Dover Air Force Base. The College has since renewed its lease with the Air Force Base, but this is subject to national defense priorities, so the number of students could be reduced in the future. Consequently, the Delaware Technical and Community College dental hygiene program is in need of a stable clinical training site where they will be able to provide some treatment services for children and adults. Interest has also been expressed in developing more training for general dentists and hygienists in advanced care for patients with special healthcare needs and persons with disabilities. There is interest in establishing a multi-use downstate dental clinic that would provide opportunities for professional training downstate, while improving access to dental services Sussex County.

## **Oral Health Infrastructure**

### **Division of Public Health Dental Clinics:**

A network of eight Division of Public Health (DPH) dental clinics was established over three decades ago to provide dental care for disadvantaged children. That system continues, but has been limited in its efforts to care for the burgeoning Medicaid population that has increased by 75 percent during recent years. The DPH dental clinics manage a school-linked program where students are transported to the clinics in groups. The program now serves only Medicaid-eligible children and continues to serve most of the same schools and grades that were originally established. Many of these schools are more than 30 minutes traveling time from the closest DPH dental clinic, and this limits the available time for treating children from that school. Demographic changes indicate that a re-evaluation of the schools and grades is needed so the schools with the highest risk children receive care. To continue its mission, the clinic system is undergoing a re-evaluation and significant changes in its infrastructure.



#### Federally Qualified Health Centers:

Three of Delaware's four federally qualified health centers, Kent Community Health Center (Dover), Henrietta Johnson Medical Center (Wilmington), and Westside Health Center (Wilmington) have dental operatories, which serve vulnerable and underserved populations. These facilities serve approximately 8,500 unduplicated dental patients per year, providing a full range of preventive and restorative dental services including: oral examinations and prophylaxis; extractions and other surgical procedures; emergency and restorative care; fluoride treatment; sealants; and rehabilitative services. La Red Health Center (Georgetown), the only FQHC located in Sussex County, serves a large majority of minority residents, but does not currently provide dental care. The establishment of a multi-purpose facility in southern Delaware would be very beneficial in improving access to affordable care for underserved populations, and may facilitate the establishment of a dental program by the La Red Health Center.

#### School Sealant Program:

In 2004, Delaware initiated a school-based sealant program, Seal-A-Smile, targeting second-grade students, in response to untreated dental disease documented by the *Delaware Smile Survey* in 2002. The program utilizes portable equipment to conduct screenings and provide referrals for treatment. A modest expansion of the program from 15 to 20 schools was completed in the 2005-2006 school year, and has now expanded to approximately 35 schools. There are 8,139 second-grade children in Delaware and it is estimated that 28 percent of these children do not see a dentist regularly. This provides a target population of 2,278 children for the Seal-A-Smile program. Although there is significant interest, further expansion of the program is hampered by limitations at schools with space for the portable yet cumbersome equipment. A mobile dental van will be acquired by the late spring in 2009, and this will enable the delivery of comprehensive dental services. Volunteer dentists currently provide the dental screenings, but many more will be needed to expand the services on the dental van.

Currently, children identified through the Seal-A-Smile program with urgent care needs are referred to a local dentist for immediate treatment. However, children in need of routine and comprehensive care are simply provided a resource list of dentists. Many of the children screened in the Seal-A-Smile program are encountering difficulties in finding a more permanent dental home. Currently, through a federal Oral Health Workforce Grant from HRSA, a case management system has been piloted, which will enable all children to be referred as appropriate to dentists who are not currently seeing a significant number of low-income children in an effort to establish a 'dental home'.

#### Medicaid and S-CHIP:

Delaware's system of dental care for low-income children revolves around the EPSDT (Early and Periodic Screening and Dental Treatment) Medicaid program. There are currently 212 dentists (of approximately 332 practicing dentists in the state) who are enrolled, with just 72 dentists providing a "significant" amount of care. Only twelve dentists in Sussex County are enrolled in Medicaid where there are 16,150 Medicaid-eligible children. In Fiscal Year 2005, only one-quarter of the State's 83,422 Medicaid-eligible children received care through a combination of private dentists, community clinics, and the Division of Public Health dental clinics. Medicaid children, as indicated in Delaware's oral health survey, have an increased risk



for dental disease and require significantly more intensive care. The Medicaid program, with its excellent reimbursement and reduced administrative barriers, provides an outstanding foundation for providing services to children. Unfortunately, less than one-third of children eligible for Medicaid are enrolled and receiving dental services. Action must be taken to enroll these children and link them with dental practices with sufficient capacity to treat them.

Currently, the Delaware Medicaid program does not have a formalized referral system. Instead, enrollees are given a list of dental providers when they enroll, from which they must find a dentist willing to see them. Medicaid provides for transportation that relies on a combination of public transportation and contracted carriers. The public health dental clinics experience a no-show rate of approximately 25 percent and it is estimated that private practices and community clinics encounter the same or higher no-show rates. The patient no-show rate is a significant problem as it deters dentists from either enrolling or accepting new Medicaid patients. Although not statistically documented, dentists have reported incidents where Medicaid clients “act out” in the waiting rooms having negative impact on the dental practice. Efforts to mitigate several of these issues are being addressed by the Delaware Oral Health Coalition with the goal of increasing the number of dentists enrolled and treating significant numbers of Medicaid patients in the state. There is interest in establishing a case management system that includes outreach and disease prevention activities for all children enrolled in Medicaid and S-CHIP to serve more high-risk children and increase the provision of preventive services, particularly in underserved areas.

### **III. REQUIREMENTS & SPECIAL PROVISIONS**

#### **A. Nature of Contract, Term**

The Delaware Health Care Commission (DHCC) seeks to contract for professional services with an independent contractor to provide consulting services as defined in Section IV. It is anticipated that the contract will be executed on or about February 1, 2009, and will be reviewed for additional term(s). The DHCC will make a final determination on the contract period during negotiations with the intended contractor.

#### **B. Fixed Contract Amount**

Funding for this project will be determined. Prices will remain firm for the period of the contract. The contract price will be negotiated by the parties, and will include a not-to-exceed firm fixed price. Respondents must bid an hourly rate with an estimate of the total project budget and the amount of time required to complete the project by July 31, 2009. Any additional costs must be clearly identified and justified in the budget section of the respondent’s proposal.

#### **C. Contingent Funding**

The award of the contract is contingent upon funding approval by the DHCC.

#### **D. Bond Requirement**

No bonds are required.



**E. Bid Opening**

All responses must be received no later than 12:00 noon on Wednesday, January 21, 2009.

**Late submission is cause for disqualification.**

**F. Notification of Acceptance**

All bidders will be informed of the Delaware Health Care Commissions decision in writing.

**G. Basis of Contractor Selection**

The contractor will be selected on the basis of its response to this Request for Proposals, other information received, but at the sole discretion of the Delaware Health Care Commission.

Proposals that extend beyond the requirements of the Request for Proposals may be considered in the overall evaluation. To the extent the Delaware Health Care Commission can not agree on a contract with the first selected contractor, any other suitable contractor may be selected.

**H. Cost of Proposal Preparation**

All costs of proposal preparation will be borne by the bidding consultant(s).

**I. Subcontracting**

Subcontracting is permitted. If a subcontractor is going to be used, this must be specified in the proposal, with an identification of the subcontractor, the service(s) to be provided and its qualification to provide such service(s). Bidders must clearly identify which vendor will be the prime contact for the project and the scope of work to be performed by the subcontractor(s).

**J. State of Delaware Business License**

Prior to receiving an award, the successful firm shall either furnish the Delaware Health Care Commission with proof of a State of Delaware business license or initiate the process of application where required. An application may be obtained on the Internet at

<https://onestoptspublic.dti.state.de.us/osbrlpublic/Home.jsp>, or requested in writing to:

Department of Finance, Division of Revenue, Carvel State Office Building, 820 North French Street, Wilmington, Delaware, or by telephone to: (302) 577-8250.

Information regarding the award of this contract will be given to the Division of Revenue.

Failure to comply with the State of Delaware licensing requirements may subject the organization or person to applicable fines and/or interest penalties.

**K. Hold Harmless**

The successful bidder agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against any and all claims for injury, loss of life or damage to or loss of use of property caused or alleged to be caused, by acts or omissions of the successful bidders' performance, or failure to perform as specified in the negotiated contract.

**L. Exceptions**

Bidders must meet the minimum requirements set forth in the Request for Proposal. They may choose to enhance these conditions. Enhancements will be considered in the overall evaluation, but the Delaware Health Care Commission may reject exceptions, which do not conform to state bid laws and/or create inequality in the treatment of the bidders.



The bidder may also submit to the DHCC any exceptions to the terms and conditions defined in this RFP. These exceptions must be clearly outlined in the cover letter, including a reference to the RFP section in which the bidder takes exception. The cover letter must be signed by a representative who has legal capacity to enter the bidder into a formal contract with the State of Delaware, Delaware Health Care Commission.

#### **M. Bid Contract Execution**

Both the non-collusion statement that is enclosed with the Request for Proposals and the contract form delivered to the successful firm for signature must be executed by a representative who has legal capacity to enter the bidder into a formal contract with the State of Delaware, Delaware Health Care Commission.

### **IV. PROJECT GUIDELINES**

#### **A. Proposals**

Firms submitting proposals may be afforded an opportunity for discussion and revision of proposals. Revisions may be permitted at the discretion of the Delaware Health Care Commission after submissions of proposals and prior to award of contract for the purpose of obtaining the best and final offers. Negotiation may be conducted with responsible firms or individuals whose proposals are found to be reasonably likely to be selected for award. The contents of any proposal shall not be disclosed and will not be available to competing firms during the negotiation process.

#### **B. Project Goals and Scope of Work**

The Delaware Health Care Commission (DHCC), in partnership with the Division of Public Health (DPH), is seeking professional services to conduct a feasibility study of three strategies to improve the oral health infrastructure, expand the oral health workforce, and strengthen the oral health system to improve access to affordable oral health prevention and treatment services in underserved areas of Delaware. The expected outcome and goal is to provide DHCC, DPH and project stakeholders with a detailed understanding of the options and costs to implement these strategies. The vendor selected as a result of this RFP will assist DHCC and DPH in achieving the following:

- 1. Determine the feasibility and cost of establishing a multi-purpose dental clinic and academic training facility in Sussex County to improve access to care and expand training opportunities for dental professionals.**
  - Outline various options for ownership (to include partnerships, both public and private) and management of a multi-purpose facility; including potential sites (both existing and new construction)
  - Identify strategies for capital costs financing and annual operating costs.
  - Identify equipment needs and estimate annual staffing and operating costs.



- Consider the integration of residency rotations and clinical training space for dental hygienists programs.
  - Address the following cost components:
    - Recommend potential and suitable clinic sites and define construction, renovation or build out costs, including purchase and/or leasing terms.
    - Furniture and Equipment
    - Ownership/Management/Oversight and Staffing Maintenance
    - Utilities
    - Technical Infrastructure
    - Supplies
- 2. Determine the feasibility and cost of expanding dental educational opportunities for dental hygienists and dental residents to southern Delaware to strengthen the dental workforce.**
- Assess the capacity (opportunities and barriers) of the Christiana Care Dental Residency Program and Delaware Technical and Community College Dental Hygiene Program to increase capacity and expand to southern Delaware.
  - Investigate and recommend opportunities for the three hospital systems in Kent and Sussex Counties, Bayhealth Medical Center, Beebe Medical Center and Nanticoke Health Services, to either collaborate with Christiana Care, or establish an independent dental residency program.
- 3. Determine the feasibility and cost of creating a case management program to establish a dental home for children eligible for dental services through Medicaid and the State Children’s Health Insurance Program (S-CHIP) to improve the oral health status of underserved families in Delaware. Consider models that:**
- Improve access to care by creating a referral mechanism (from point-of-entry to referral and follow up) that establishes more permanent dental homes.
  - Include outreach, oral health promotion, and disease prevention education for enrollees.
  - Identify participants for the case management program in a variety of ways, including, but not limited to:
    - when they enroll in Medicaid or S-CHIP;
    - when they enter the system for urgent care at a DPH clinic or hospital;
    - through screenings and referrals by non-traditional dental care providers, such as pediatricians, nurse practitioners, and school nurses;
    - use of existing dental resources that include the DPH dental clinics, the FQHC and community dental clinics, hospital dental clinics, and private



dental practices, to establish a comprehensive system for evaluation, prevention, comprehensive treatment, and continuing care.

- Refer patients to participating dental practices or FQHCs with dental facilities to ensure follow up and increase the occurrence of preventive and comprehensive care.
- Include recommendations for strategies for an outreach component to recruit additional Medicaid and S-CHIP providers (both general and specialist dentists), particularly in Sussex County, who will serve as referral sites and dental homes for participants in the case management program.

### **C. Tasks and Responsibilities**

All deliverables must be completed no later than July 31, 2009.

#### **1. Deliverables:**

- Conduct an environmental analysis and feasibility study that examines options and produces recommendations pertaining to the three high-impact strategies outlined the Scope of Work. This will require an understanding of the climate among the stakeholders with regard to their needs pertaining to the provision of oral health services; their support for the strategies; and their willingness to participate (both in-kind and financially) in implementing the strategies. The study also should include potential resources for funding from local, state, federal, and private sources. Upon completion of the feasibility study, the selected vendor will make recommendations to the steering committee based on the findings.
  - Provide a detailed financing and implementation plan for the recommended approaches identified in the feasibility study.
  - Submit preliminary recommendations by May 1, 2009, in order to facilitate the development of a grant application(s) for future funding to support the implementation of one or more of these proposed initiatives.
  - Develop a final written report for DHCC, DPH and the project stakeholders by July 31, 2009 that outlines the study findings, including detailed cost estimates and recommended approaches for implementation.
2. The vendor must be available to meet with DHCC staff, the project manager and relevant stakeholders in person and on conference calls as necessary to collect data/information relevant to the feasibility study.
  3. The contractor must submit monthly progress reports in writing to the project manager.



## **V. SPECIFIC PROPOSAL REQUIREMENTS**

The Response(s) shall be attached to a cover letter and provide, in the succeeding format, the following information:

**Section I:** Executive Summary - provide a one-page summary of the proposal.

**Section II:** Experience and Qualifications - provide a company description, background and describe your general and specific experience and knowledge as it relates to the requested "Scope of Service." Describe any specific, related work experience in Delaware. Identify and explain any relationships with any of the major stakeholders on this issue in Delaware. Include a statement to the effect that any such representation or relationship will not affect your ability to be objective and independent in your report and recommendations to the Delaware Health Care Commission. This section is limited to five (5) pages.

**Section III:** Methodology and Work Plan - describe how you would approach and accomplish the project.

**Section IV:** Budget and Timeline - provide a detailed budget and proposed time frame (ending July 31, 2009) with major milestones for the project. The rate proposals are to be all-inclusive, encompassing such items as travel and per diem. Proposals must be submitted on a fixed price basis. This section is limited to three (3) pages.

**Section V:** Resumes of individuals proposed to provide this request for service.

**Section VI:** Include three client references and contact points as follows: client name, services performed, period of engagement, contact person, title, address and telephone number.

**Section VII:** Non-collusion statement.

**Section VIII:** Delaware Business License.

**Section IX:** Proof of Professional Liability Insurance.

**Section X:** Any other materials/attachments the bidder deems relevant for the proposal.

## **VI. BASIS OF CONTRACT AWARD**

DHCC will evaluate proposals for demonstrated competence, knowledge and qualifications, considering the reasonableness of the proposed fee for services. To evaluate these criteria, DHCC will consider the following factors, in order of precedence:

- Ability to comply with the Scope of Work and a well-reasoned approach to fulfilling these requirements.
- Past performance on similar projects and qualifications of key project personnel, including a demonstrated:



- Prior experience assessing costs to establish and operate a medical or dental clinic for the underserved;
- Knowledge of the programmatic and financial components of the current dental services available through Medicaid and S-CHIP in Delaware;
- General knowledge of successful models for medical/dental case management;
- Reasonableness of proposed cost, including hourly rate and projected hours.

The Proposal Review Committee shall assign up to the maximum number of points as stated in this Section for each Evaluation Item to each of the proposing applicants. All assignments of points shall be at the sole discretion of the Proposal Review Committee.

The proposal criteria allows for all the essential information on which the award decision shall be made. Therefore, all instructions contained in this RFP shall be met in order to qualify as a responsive and responsible contractor and participate in the Proposal Review Committee's consideration for award. Proposals which do not meet or comply with the instructions of this RFP may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the Committee.

<b>Evaluation Item</b>	<b>Maximum Points</b>
<b>1. Meets mandatory RFP provisions</b>	<b>Pass/Fail</b>
<b>2. Quality of work plan proposed</b> <ul style="list-style-type: none"> <li>● Inclusion of requested elements</li> <li>● Soundness of approach/strategy</li> <li>● Services proposed fits needs as expressed in RFP</li> <li>● Proposed activities follow a logical sequence</li> <li>● Adequacy of the proposed time line</li> <li>● Project plan has specific deliverables appropriate to the time line</li> </ul>	<b>30</b>
<b>3. The bidder's ability to perform the work in the time allotted for the project, as demonstrated by their proposed commitment of management, personnel and other resources.</b>	<b>25</b>
<b>4. Qualifications, prior experience, and performance on projects of a similar nature</b>	<b>25</b>
<b>5. Quality of cost proposal</b> Methodology: Low bid = 20 points $(\text{Low Bid} \div \text{Proposed Bid}) \times 20 = \text{Point Score}$ e.g.: $(\$100 \div \$200) = .5 \times 20 = 10 \text{ points}$	<b>20</b>
<b>Total Points</b>	<b>100</b>



The Delaware Health Care Commission and Proposal Review Committee reserve the right to:

- Select for contract or for negotiations a proposal other than that with lowest costs.
- Accept/Reject any and all proposals or portions of proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all contractors during the review and negotiation.
- Negotiate any aspect of the proposal with any individual or firm and negotiate with more than one individual or firm at the same time.

**Requirements for Proposal Submission**

Please submit one copy on disc (CD), one signed original copy and six hard copies of the proposal no later than 12:00 noon on Wednesday, January 21, 2009:

Delaware Health Care Commission  
Margaret O'Neill Building, 3rd Floor  
410 Federal Street - Suite 7  
Dover, DE 19901  
Telephone: (302) 739-2730  
Fax: (302) 739-6927  
E-mail: [Leah.Jones@state.de.us](mailto:Leah.Jones@state.de.us)

The proposals must be in a sealed envelope with your name and the words "Proposal: Oral Health Infrastructure Enhancement Feasibility Analysis."

Please review and follow the information and instructions contained in the special provisions section of the RFP. Should you require additional information, please contact Leah Jones at the Delaware Health Care Commission at (302) 739-2730.



**NON-COLLUSION STATEMENT**

This is to certify that the undersigned bidder has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal submitted this date to the Delaware Health Care Commission.

It is agreed by the undersigned bidder that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all specifications and special provisions.

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the Delaware Health Care Commission.

NAME OF BIDDER: \_\_\_\_\_

NAME OF AUTHORIZED REPRESENTATIVE

(Please type or print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS OF BIDDER \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PURCHASE ORDERS SHOULD BE SENT TO:

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FEDERAL E.I. NUMBER \_\_\_\_\_

STATE OF DELAWARE BUSINESS LICENSE NUMBER \_\_\_\_\_

**THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED**

\_\_\_\_\_ SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Notary Public

City of \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires: \_\_\_\_\_.